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Account Number : I20080000045 Phone

: (302)645-7400

Fax Number

: (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

susan.sicker@lifesurge.com

Foreign Limited Liability Company Wealth Surge, LLC

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE 19TH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Claware (Jurisdiction moder the law of		00 6130711	•
(Jurisdiction moder the law of		99-5120711 3.	
	which (breign lumied liability company is organized)	(FEI number, if app	licable)
	Oute first transacted business in Florida, if prior to se (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne pensity liability)	
2511 Corporate Way		2511 Corporate Way	
et Address of Principal Office)		6. (Mailing Address)	
Palmetto, FL 34221		Palmetto, FL 34221	
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and street addre	ess of Florida registered agent: (P.O. Box Registered Agents Inc.	NOT acceptable)	W.F 6707
		NOT acceptable)	12 KVF 6707
Name:	Registered Agents Inc.	NOT acceptable)	12 12 F. C.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: SURGE MANAGEMENT LLC ■ Manager Name: □ Manager Address: 2511 Corporate Way □Member | ☐ Member Address: _____ Palmetto, FL 34221 ☐ Authorized ☐ Authorized Person Person □Other _____ Other__ □ Other_____ ____ □Other_ ■Manager Name: □ Manager Name: ☐ Member Address: □ Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other □Other_____ Other__ □Other____ □Manager Name: □ Manager Name: □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person ∐Other Other □Other □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Marie B. Code Signature of an authorized person

Typed or printed name of signer

Marie B. Code



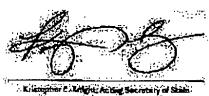
Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "WEALTH SURGE, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEALTH SURGE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

5281338 8300
SR# 20250192971
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Authentication: 202736017

Date: 01-21-25